

MULTIFAMILY LOAN APPLICATION CHECKLIST

All items to be submitted in TRIPLICATE

PROJECT NAME: _____ CHFA #: _____

- CHFA Application Fee of \$500.00 payable to CHFA (attached to your cover letter)
- CHFA-1 Affordable Housing Funding Application (with all required attachments & signatures)

REQUIRED APPLICATION ATTACHMENTS

- A.1 Proof of site control (all purchase options/agreements, grant deeds/settlement statements - include agreements between affiliates and the latest arms-length purchase transaction)
- A.2 Preliminary Title Report and legible copies of all exceptions on title
- A.3 Census Tract Information - attach map that shows census tract number
- A.4 Lot Dimensions - include square footage and total acreage
- A.5 Location/Site Map and Regional Map
- A.6 Completed attachment A.6 with map showing surrounding zoning and land uses within 300 feet of the site.
- A.7 Letter from locality evidencing zoning, with a copy of the zoning ordinance attached.
- A.8 8-1/2 x 11 elevations of the proposed site
- A.9 Photos of Site (interior photos also if acquisition/Rehabilitation project)
- A.10 Relocation Plan (if applicable) with estimated cost and source of funds required for tenant relocation
- A.11 Specifications/Scope of Work
- A.12 Describe the proposed construction type
- A.13 Acquisition/Rehabilitation - Describe current condition of the structure and a general description of scope of work; provide instructions for gaining access w/contact phone number, (discuss proposed modifications to unit configurations, unit mix, or seismic retrofit)
- A.14 Copies of all planning approvals, conditional use permits or density bonuses & description of easements, Deed restrictions or CC & R's that will restrict site use.

OWNER / DEVELOPMENT TEAM INFORMATION

- B.1 Two years Profit & Loss Statement from each general partner or principal
- B.2 Organizational documentation for **EACH** separate ownership/borrowing entity and General Partner:
 - Articles of Incorporation
 - By-Laws
 - Authorizing Board Resolution from each entity
 - Certificate of Good Standing
 - Certificate of Corporation
 - Partnership Agreements
 - LP-1 and/or LP-2
 - Evidence of 501(c)(3) status - if applicable
- B.3 Signed Credit Authorization Forms from each general partner or principal (ATTACHMENT B.3)
- B.4 Completed Developer Information Sheet (ATTACHMENT B.4)
- B.5 Resume's for each development team member, evidence of professional license
- B.6 No Defaults statement for each Development Team member; description of any Identity of Interest between any members of the development team
- B.7 Architect's resume (include a copy of the contract for services for the supervising architect)
- B.8 General Contractor resume and license information

SOURCES OF FUNDS

- C.1 Construction Lender's Commitment and final approved development budget and draft loan documents
- C.2 Local government loan commitments(s) with draft/final loan documents, DDA or OPA Agreements
- C.3 Permanent loan commitments and regulatory provisions to be recorded
- C.4 Tax Credit Purchase Offer, Letter of Interest with all applicable attachments
- C.5 Evidence of Sources of Equity

DEVELOPMENT BUDGET

- D.1 Detailed Development Budget with sufficient back-up documentation for:
(NOTE: Acceptable land/building costs are considered to be the lesser of the (arms-length transaction) purchase price or appraised value - **whichever is less**)
 - Off-Site Improvements/cost — Bridge Loan Interest — Relocation Expenses (if applicable)
 - Site Work — Structures
 - Construction Loan Interest — Other Surveys
 - Local Permit Fees — Marketing Expenses
 - **If Applicable - provide justification or reasons why total development costs are in excess of \$65,000 per unit** (This is CDLAC required information for tax-exempt deals only)
- D.2 Complete commercial space development budget and source of funds (if applicable)
- D.3 Letter from investor itemizing the costs of syndication in TCAC required format (ATTACHMENT D.3)
 - copy of the investor's preliminary economic projections or anticipated expenses

PROPOSED RENTS AND UTILITY ALLOWANCES

- E.1 Copy of any rental subsidy contracts of commitment letters
- E.2 Evidence of the Local Housing Authority current Utility Allowances by unit size
- E.3 Thirty (30) year project cash flow projections
- E.4 Justification of Laundry and other income
- E.5 Recent Rent Roll - *Acquisition/Rehab projects only*

ANNUAL OPERATING BUDGET

- F.1 Line item justification for the proposed operating budget
- F.2 Commercial operating budget (if applicable)
- F.3 Replacement Reserve analysis - *for Acquisition/Rehab estimate annual reserve requirements*
- F.4 Recent tax bill (if available)
- F.5 Copy of the projects past two (2) years financials - *for Acquisition/Rehab*

SITE, ENVIRONMENTAL, & CONSTRUCTION RELATED:

- G.1 Soil/Geotechnical Reports * * *May or may not be applicable to Acquisition/Rehabilitation Projects*
- G.2 ALTA Site Survey
- G.3 Site Topographic Map *
- G.4 Phase I or II Report
- G.5 Acoustical Analysis
- G.6 Asbestos & Lead-based Paint Analysis
- G.7 Roof, plumbing and electrical reports/inspections
- G.8 Termite Inspection
- G.9 Local Government Environmental Impact Statement and Study
- G.10. Any other analysis or evidence of Flood mitigation (See ATTACHMENT G.10)
- G.11. Description of proposed/required mitigation to any environmental concern

MARKET ANALYSIS / APPRAISAL / & NEED

- H.1 Evidence of Need for the Project
- H.2 Copy of any appraisals (Note: CHFA will require a new appraisal that must be ordered by CHFA for the benefit and reliance of the CHFA - to be paid for by the Borrower)
- H.3 Copy of any Market Study - including the investor's market analysis when available
- H.4 Comparable rental data for three to five comparable **MARKET RATE** developments (ATTACHMENT H.4)
- H.5 Local Government's Housing Plan, Element and CHAS w/Evidence of AB 55 Compliance (ATTCHMT H.5)
- H.6 Evidence of Article XXXIV compliance

ADDITIONAL INFORMATION

- I.1 One copy of the TCAC Application (excluding the attachments). NOTE: Only provide this if the TCAC application is different from the CHFA application. Also provide evidence of any TCAC reservation, carry-forward or allocation letter.

STATE OF CALIFORNIA
AFFORDABLE HOUSING FUNDING APPLICATION
 Site Specific, Multifamily Rental Projects

A. PROJECT NAME: _____
 Street, City, Zip Code: _____
 County: _____ Census Tract #(s): _____
 APN Number(s): _____

☐ **TAX CREDITS** ☐ Federal \$ Amt: _____ ☐ State \$ Amount: _____

☐ **CHFA FUNDS REQUESTED:** ☐ Tax Exempt ☐ Taxable Amt. \$ _____ Term: _____

Total Units: _____ ☐ New Construction ☐ Acquisition/Rehabilitation ☐ Special Needs
☐ Elderly (Minimum Age: _____) ☐ Preservation_

List the Congressional, Legislative & Senate Representatives and their respective District Numbers:

Assembly: _____ # Congressional: _____ #
 Senate: _____ #

PURCHASE INFORMATION:

Date of Purchase or Option		Real Estate Tax Rate:	
Expiration Date of Option		Special Assessment (Estimate):	\$
Purchase Price:	\$	Historical Property/Site?	
Holding Costs per Month	\$	Purchased from affiliated party?	
Total Holding Costs Projected	\$	Broker Fee to Affiliated Party	\$

SELLERS NAME: _____

NEAREST CROSS STREET: _____

ACQUISITION / REHABILITATION PROJECTS:

Age of Existing Structures: _____ No. of Occupied Buildings: _____
 No. of Existing Buildings: _____ No. of Existing Units: _____
 No. of Stories: _____ Current Use: _____

UNIT DESIGN: ☐ Flats ☐ Townhomes ☐ Condo ☐ High rise
☐ Duplex ☐ Semi-Detached ☐ Garden Apts. ☐ _____

Number of Residential Bldgs: _____ Number of Other Buildings: _____
 Number of Stories: _____ Number of Elevators: _____
 Total Parking Spaces: _____ # of Guest Parking Spaces: _____

PARKING: _____ Covered _____ Uncovered _____ Subterranean _____ Enclosed/garage

SHOW TOTAL NUMBER OF UNITS - By Bedroom / Bathroom Type:

0 Bdrm	1Bd/1Bth	2Bd/1Bth	2BD/2Bth	3BD/1Bth	3Bd/2Bth	4Bd/2Bth	5Bd/2Bth

SQUARE FOOTAGE:

Gross Residential Sq. Footage: _____
 Gross Commercial Sq. Ftg: _____
 Total Land Sq. Footage: _____

Gross Community Bldg. Footage: _____
 Gross Building Area (all areas) _____
 Total Land Area (Acres) _____

UTILITY ALLOWANCE ASSUMPTIONS: mark off whether or not the applicable utility is gas or electric and indicate whether individual metered (IM) or master metered (MM).

	GAS	ELEC		GAS	ELEC
Basic			Hot Water		
Cook			Space Heat		
Cooler			Central Heat		
A/C					

AMENITIES INCLUDED IN THE RENT: Check off the amenities that are included in rent:

	Refrigerator		Washer/Dryer Hookups		Wet Bar		Security Gated
	Dishwasher		Laundry Room(s)		Tot Lot(s) _____		Security Guards
	Disposal		Walk-in Closets		Sauna(s)/Jacuzzi		Lakes or streams
	Range		Vaulted Ceilings		Pool(s) # _____		Hot Water
	Microwave		Wallpaper		Tennis Court(s)		Cold Water
	Fireplace		Paneling		Basketball Court(s)		Sewer
	Air Conditioning		Curtains / Blinds		Volleyball Court(s)		Garbage
	Balcony / Patio		Garage		Picnic Area(s)		Cable TV

Heating: ☐ Central Heat ☐ Wall Heaters ☐ Gas Heating ☐ Electric Heating

Kitchen Countertops: ☐ Formica ☐ Tile ☐ Corian ☐ Fiberglass

Kitchen Sink: ☐ Cast Iron ☐ Stainless Steel ☐ Single ☐ Double

Bthrm Countertops: ☐ Formica ☐ Tile ☐ Corian ☐ Fiberglass

Shower/Tub: ☐ Tile ☐ Cast Iron ☐ Fiberglass ☐ Plastic

Roof Type: ☐ Flat Top ☐ Pitched ☐ Flat & Pitched

Roof Material: ☐ Concrete Tile ☐ Shake ☐ Wood Shingle
☐ Clay Tile ☐ Hot Mop ☐ Composition Shingle

Siding Code: ☐ Stucco ☐ Masonry ☐ Wood

Structure Code: ☐ Frame - 1 or 2 Story ☐ Reinforced Concrete 1-6 stories
☐ Frame - 3 or more story ☐ Reinforced Concrete 7 or more stories
☐ Reinforced Masonry ☐ Pre-Cast Reinforced ☐ Unreinforced Masonry

SITE FEATURES: (Check the applicable site features)

	1% to 5% Grade		Retaining Wall(s)		High Water Table
	6% to 10% Grade		Cuts:		Poor Drainage
	11% to 20% Grade		Fills:		Erosion Problems
	Over 20% Grade		100 Yr. Flood Zone		500 Year Flood Zone

PROPOSED DEVELOPMENT TIMETABLE: (Insert Estimated Dates)

Planning Approvals in Place:	
Environmental Reports Available:	
Appraisal ready <i>(ordered by CHFA)</i> :	
Tax Credits awarded:	
Investor Purchase Commitment:	
Locality Loan Commitment:	
CHFA Final Loan Commitment:	
Construction Loan Closing:	
Commence Construction:	
Certificate of Occupancy:	
Permanent Loan Closing: <i>(after cost audit is available)</i>	

ZONING/LAND USE: Describe the following:

Current Land Use Designation:	
Current Zoning and Maximum Density:	
Proposed Zoning and Max. Density:	
Does this site have Inclusionary Zoning?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will a variances or CUP be required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any occupancy restrictions that run with title to the land because of Conditional use permits or density bonuses?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
Building Height Limits:	
Required Parking Ratio:	
Is the site in a Redevelopment Area?	<input type="checkbox"/> YES <input type="checkbox"/> NO

B. OWNER / DEVELOPMENT TEAM:**NAME OF LEGAL OWNERSHIP ENTITY:** _____*(entity that will hold title to the subject property)*

Legal Status: ☐ To be Formed ☐ Limited Partnership ☐ General Partnership ☐ Partnership
☐ Existing ☐ Individual ☐ Qualified 501(c)(3) ☐ Corporation
☐ Local Gov't ☐ CHDO ☐ _____
☐ I.D. Pending Tax I.D. No./ SSN: _____

DEVELOPER/SPONSOR: _____*(Person or Entity responsible for construction & completion of the development)*

Street, City, Zip Code _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Legal Status: ☐ Individual ☐ Corporation ☐ Local Gov't ☐ Non-Profit ☐ _____

Tax I.D. Number or SSN: _____

☐ Will be part of final ownership structure ☐ Will not be part of the final ownership structure

MANAGING G. P. or OWNERSHIP PRIMARY: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Legal Status: ☐ Individual ☐ Corporation ☐ Local Gov't ☐ Non-Profit ☐ _____

Tax I.D. Number or SSN: _____

☐ Will be part of final ownership structure ☐ Will not be part of the final ownership structure

OTHER PARTNERS: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

☐ Will be part of final ownership structure ☐ Will not be part of the final ownership structure

CONTACT PERSON DURING AP. PROCESS: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

PROPOSED INVESTOR: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

DEVELOPER'S ATTORNEY: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

ARCHITECT: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

CONTRACTOR: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

PROPERTY MANAGEMENT AGENT: _____

Street, City, Zip Code: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

C. SOURCES OF FUNDS:

CONSTRUCTION PERIOD SOURCES OF FUNDS: Indicate with an asterisk (*) enforceable financing commitments and list all commitments in the priority that they will be secured on title. Attach evidence of all commitments in **ATTACHMENT C** to this Application. Include equity contributions and the source of the equity and any sources of funds to pay for commercial space development. Check **ATTACHMENT C** for additional requirements.

SOURCE OF FUNDS	AMOUNT OF FUNDS	INTEREST RATE	TERM IN MONTHS	MTHLY DEBT SERVICE
	\$			\$
	\$			\$
	\$			\$
	\$			\$
TOTAL FUNDS:	\$	XXXXXXX	XXXXXXX	\$

Total Funds must equal all applicable Construction Costs including commercial space costs.

LENDER: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

C. SOURCES OF FUNDS (Continued):

PERMANENT SOURCES OF FUNDS: Indicate with an asterisk (*) enforceable financing commitments **in the priority that they will be secured on title**, and attach evidence of all commitments in **ATTACHMENT C** to this Application. Include equity contributions and the source of the equity. Breakout sources of funds used to specifically pay for commercial space development and show any required debt service. Check **ATTACHMENT C** for additional Agency requirements.

SOURCE OF FUNDS	AMOUNT OF FUNDS	INTEREST RATE	TERM IN YEARS	ANNUAL DEBT SERVICE
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
TOTAL FUNDS:	\$	XXXXXXXX	XXXXXXXX	\$

Total Funds must equal all Permanent Development Costs including commercial space costs.

LENDER: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

SOURCE: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____ Fax Number: _____

Type of Financing: _____

D. DEVELOPMENT BUDGET:

Show all estimated or actual development costs (excluding costs of syndication) in the first column. Across the top of the form you should reflect each individual source of funds and what those funds are being used to pay for. Show expenses (or the proportion of expenses related to commercial space) in the last column. **FOR TCAC PROJECTS:** All development costs included in eligible basis are to be shown again in the "Eligible Basis" columns. **NOTE**** The Developer Fee, General Requirements, Contractor Overhead and/or Contractor Profit may be limited by TCAC, CHFA or HCD. Check with each funding Agency for limits.

				PERMANENT SOURCES OF FUNDS				
DESCRIPTION OF COSTS	Total Project Costs	Residential Costs	Commercial Costs	Syndication Proceeds			70% PVC	30% PVC

LAND:

Total Land Cost or Value							XXXXXXXX	XXXXXXXX
Legal							XXXXXXXX	XXXXXXXX
Off-Site Improvements (itemize)							XXXXXXXX	XXXXXXXX
Demolition Expense							XXXXXXXX	XXXXXXXX
Existing Improvements Value								
TOTAL COSTS:							XXXXXXXX	XXXXXXXX

NEW CONSTRUCTION:

Site Work – Itemize								
Structures – Itemize								
General Requirements **								
Contractor Overhead **								
Contractor Profit **								
Toxic Mitigation Expense								
TOTAL CONSTRUCTION								

REHABILITATION WORK:

Site Work – Itemize								
Structures – Itemize								
General Requirements **								

PERMANENT SOURCES OF FUNDS

DESCRIPTION OF COSTS	Total Project Costs	Residential Costs	Commercial Costs	Syndication Proceeds			70% PVC	30% PVC
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REHABILITATION WORK (Continued):

Contractor Overhead **								
Contractor Profit **								
TOTAL REHABILITATION								

ARCHITECTURAL FEES:

Design								
Supervision								
TOTAL ARCHITECTURAL								

SURVEY & ENGINEERING FEES:

TOTAL SURVEY & ENG.								
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CONSTRUCTION INTEREST & FEES:

Construction Interest – Itemize								
Origination Fee								
Credit Enhancement / Ap. Fee								
Bond Premium								
Taxes during construction								
Insurance during construction								
Title & Recording								
TOTAL CONSTRUCTION INTEREST & FEES:								

TOTAL CONSTRUCTION CONTINGENCY:

TOTAL CONSTRUCTION CONTINGENCY								
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PERMANENT SOURCES OF FUNDS

DESCRIPTION OF COSTS	Total Project Costs	Residential Costs	Commercial Costs	Syndication Proceeds			70% PVC	30% PVC
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PERMANENT FINANCING:

Loan Origination Fees							XXXXXXX	XXXXXXX
Credit Enhancement / Ap. Fees							XXXXXXX	XXXXXXX
Title & Recording							XXXXXXX	XXXXXXX
Other:							XXXXXXX	XXXXXXX
TOTAL PERMANENT FINANCING EXPENSES:							XXXXXXX	XXXXXXX

LEGAL FEES (excluding syndication costs):

Lender Legal Costs paid by Ap								
Other:								
TOTAL ATTORNEY COSTS								

MARKET AND APPRAISAL EXPENSES:

Market Study Expense								
Appraisal Expense								
TOTAL EXPENSES:								

RESERVES:

Rent Reserves							XXXXXXX	XXXXXXX
Other:							XXXXXXX	XXXXXXX
TOTAL RESERVE COSTS:							XXXXXXX	XXXXXXX

OTHER EXPENSES:

TCAC Ap. / Alloc. / Monitor							XXXXXXX	XXXXXXX
Environmental Audit(s)								

					PERMANENT SOURCES OF FUNDS			
DESCRIPTION OF COSTS	Total Project Costs	Residential Costs	Commercial Costs	Syndication Proceeds			70% PVC	30% PVC

OTHER EXPENSES: (Continued)

Soils Report Expense								
Asbestos/Lead-based Paint Rpt.								
Seismic Study Expense								
Local Devlpmnt. Impact Fees								
Capital Fees (Itemize)								
Marketing Expenses (Itemize)							XXXXXXX	XXXXXXX
Relocation Expense (Itemize)								
Furnishings								
Other:								
TOTAL OTHER COSTS:								

TOTAL PROJECT COSTS			
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Total Project Residential Commercial

DEVELOPER COSTS:

Developer Overhead/Profit								
Consultant/Process Agent Fee								
Project Administration								
Broker Fees Paid by Owner								
Construction Mgmt Oversight								
Other Developer Fee (itemize)								
TOTAL DEVELOPER FEE:								

TOTAL USES OF FUNDS								
				Bridge Loan Expense during Construction				
				TOTAL ELIGIBLE BASIS				

E. PROPOSED RENTS AND UTILITY ALLOWANCE BY UNIT SIZE:

Reflect the monthly rents and utility allowances authorized by each Agency. Use additional sheets as necessary to accommodate additional unit sizes or rents. In the "Agency Restricting the Rents" column, include the funding source that restricts the rents; C=CHFA; T=TCAC; H=HCD; LG = Local Government; F = Federal Program Funds; or identify other source. Identify the Managers Unit separately.

Bedrooms / Baths Unit Square Footage	Agency Restricting The Rents	No. of Rent Restricted Units	Rent as % of Median Income	Gross Rent	Less Utility Allowance	Net Rent	Number of Units	Total Monthly Income
Bdrms: ____ Bths: ____ Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
Sq. Ft. =				\$	\$	\$	x	\$
TOTAL RESIDENTIAL	XXXXXX		XXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	\$
Plus Monthly Laundry Income								
Plus Other Income: (itemize)								
GROSS MONTHLY INCOME:								

COMMENTS:

F. PROPOSED ANNUAL RESIDENTIAL OPERATING BUDGET: TOTAL UNITS: _____

Assume a minimum 5% residential vacancy factor (SRO's & Special Needs projects and commercial areas should assume a minimum 10% factor). Commercial income should be reflected in Section B, and commercial expenses should be reflected in Section M of the budget.

BUDGET LINE ITEM	ANTICIPATED	PER UNIT
A: GROSS RESIDENTIAL INCOME: Gross Potential Residential Income		
Laundry Income		
Other Income:		
TOTAL INCOME:		
Less ____ % Vacancy Factor (5% min.)	< >	< >
A: TOT. RESIDENTIAL NET REV.		

B: GROSS COMMERCIAL INCOME: Gross Potential Commercial Income:		
Less ____ % Vacancy Factor (10% min.)	< >	< >
B: TOTAL COMMERCIAL NET REV.		

C: TOTAL COMBINED NET REVENUE: (A+B)	\$	\$
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LESS RESIDENTIAL OPERATING EXPENSES:

D: RESIDENTIAL PAYROLL EXP.		
On-Site Manager		
Office and Administration		
Maintenance		
Security		
Grounds		
SUBTOTAL PAYROLL:		
Payroll Taxes & Worker's Compensation		
Employee Benefits		
Value of Employee Apartments		
D: TOTAL PAYROLL & RELATED:		

E: ADMINISTRATIVE EXPENSE		
Renting Expenses		
Office Supplies/Minor Equipment		
Management Fee		
Legal		
Audit Expenses (project related)		
Accounting/Bookkeeping/D.P. Expense		
Telephone/Other:		
E: TOTAL ADMINISTRATIVE:		

BUDGET LINE ITEM	ESTIMATED	PER UNIT
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RESIDENTIAL EXPENSES (CONTINUED)

F: UTILITY EXPENSES		
Electricity		
Water & Sewer		
Gas		
Other		
F: TOTAL UTILITIES:		

G. OPERATING & MAINTENANCE		
Maintenance Supplies		
Janitorial Supplies		
Grounds Supplies		
Contract Maintenance & Repairs		
Grounds Contract		
Security Services		
Elevator Contract Services		
Extermination		
Trash Removal		
Contract Cleaning		
Heating, A/C Repairs		
Decorating & Repairs		
G. TOTAL OPER. & MAINT.:		

H. INSURANCE EXPENSES		
Property Insurance		
Earthquake Insurance (CHFA required)		
Flood Insurance		
H. TOTAL INSURANCE:		

**I. SUBTOTAL RESIDENTIAL
OPERATING EXPENSES:**
(D+E+F+G+H)

\$ _____ \$ _____

J. RESIDENTIAL TAX/LICENSE		
Property Taxes		
Special Assessments		
Business License/Tax		
J. TOTAL TAXES:		

K. RESERVE REQUIREMENTS		
Replacement Reserve		
Required Operating Reserve		
Other Reserves		
K. TOTAL RESERVES:		

L. TOTAL RESIDENTIAL

OPERATING EXPENSES: < \$ _____ > < \$ _____ >
(I+J+K)

BUDGET LINE ITEM	ESTIMATED	PER UNIT
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M. COMMERCIAL EXPENSES		
Prorata Property Taxes		
Insurance Costs		
Reserve Requirements		
Other:		
Other:		
M. TOTAL COMMERCIAL EXP.		

N. TOTAL PROJECT OPERATING

EXPENSES: < \$ _____ > < \$ _____ >
(L+M)

N. NET OPERATING INCOME (C - N)		
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P. LESS DEBT SERVICE EXP.		
1st Mortgage Debt Service		
2nd Mortgage Debt Service		
Agency Required Interest Payments		
Commercial Space Debt Service		
Other:		
P. TOTAL DEBT SERVICE:	< >	< >

NET REVENUE OR DEFICIT (O- P)		
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G. ENVIRONMENTAL INFORMATION: Indicate the Environmental concerns that must be/or have been investigated or mitigated:

- ☐ Air Quality ☐ Water Quality ☐ Noise ☐ Lead-based Paint
☐ Asbestos ☐ Soil Contamination ☐ Seismic Retrofit ☐ Hydrologic

H. MARKET ANALYSIS, APPRAISAL, AND NEED FOR THE PROJECT:

- ☐ Justification of need for the Project ☐ Market study or rent analysis information
☐ Appraisal(s) completed to date.

I. ADDITIONAL INFORMATION:

In **ATTACHMENT I** provide any additional Agency required forms or information

CERTIFICATION

To the best of my (our) knowledge and belief, the information reflected in the Application and all Attachments is true, correct and complete and I/we are affiliated with, or authorized to represent the proposed Borrowing entity.

SIGNATURE: _____

NAME: _____

TITLE: _____

COMPANY: _____

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

COMPANY: _____

DATE: _____

NOTE: Be sure to attach all required submittals as shown on the Loan Application Checklist.... And submit everything to CHFA in triplicate.

ATTACHMENT A

ADDITIONAL REQUIRED ATTACHMENTS:

Attach and label the following required submittals accordingly:

Attachment No.

- ☐ A.1 Proof of Site Control - Include copies of the purchase option/agreement, grant deed and settlement statement or other evidence of site control.
- ☐ A.2 Preliminary Title Report - include legible copies **all** exceptions on title.
- ☐ A.3 Census Tract Information - attach a map that shows the census tract number.
- ☐ A.4 Lot Dimensions - include square footage dimensions and total acreage for the subject site.
- ☐ A.5 Location / Site Map - include a close proximity map showing all of the nearby schools, churches, shopping, playgrounds, parks, libraries, hospitals, theaters & public services. Also provide a regional map showing the site location.
- ☐ A.6 Surrounding Land Use - Complete ATTACHMENT A.6 and attach a map showing the surrounding zoning and land uses within 300' of the subject property.
- ☐ A.7 Zoning - Attach a letter from the local jurisdiction that indicates what the current zoning is and what the proposed zoning for the site will be - with a copy of the zoning ordinance attached.
- ☐ A.8 Elevations - Attach elevations (8-1/2" x 11") of the proposed/existing development.
- ☐ A.9 Photos of Site - Attach photos of the entire site. For Acquisition/Rehabilitation projects, include photos of the interior of the units as well.
- ☐ A.10 Relocation Plan - if applicable, attach a detailed relocation plan including the estimated cost and source of funds required to complete tenant relocation if any buildings on the site are occupied.
- ☐ A.11 Specifications / Scope of Work - For New Construction, attach a detailed draft or final scope of work listing in detail all hardware, appliances, plumbing fixtures, & all special accessibility features.
- ☐ A.12 Describe the proposed construction type with a general description of the foundation, floor, walls, roof, exterior finish, and whether or not there will be ground floor commercial.
- ☐ A.13 For Acquisition/Rehabilitation projects describe the current condition of the structure(s) and a general description of the overall scope of work. Include a discussion on any proposed modification to the unit configurations, unit mix, need for seismic retrofit, or modifications in use (commercial/tourist hotel to SRO or studio apartments). Provide instructions or contact for gaining access to the site.
- ☐ A.14 Provide copies of all planning approvals, variances, conditional use permits, density bonuses, and describe any easements, deed restrictions or CC & R's that could restrict use.

ATTACHMENT A.6

DESCRIPTION OF NEARBY PROPERTIES

Describe all properties within 300 feet of the development site. Include a map showing the nearby properties coded as shown below.

[illegible]

ATTACHMENT B
OWNER / DEVELOPMENT TEAM INFORMATION

Attachment No.

- ☐ B.1 Attach two years financial statements for each partner/developer.
- ☐ B.2 Attach organizational documentation for EACH separate ownership entity AND the borrowing entity:
 - Articles of Incorporation
 - By-Laws
 - Authorizing Board Resolution from each entity
 - Certificate of Good Standing
 - Certificate of Corporation
 - Partnership Agreements
 - LP-1 or LP-2
 - Evidence of 501(c)(3) status - if applicable
- ☐ B.3 The Borrower(s) (all persons with ownership interests) must each complete one of the attached Credit Authorization Forms (ATTACHMENT B.3).
- ☐ B.4 The Developer should complete and submit the attached "Developer Information" sheet.
- ☐ B.5 Attach a resume for each development team member with a description of all previous participation. Include evidence of any professional licenses.
- ☐ B.6 Attach a "No Defaults" statement for each Development Team member; and provide a description of any Identity of Interest between any members of the development team.
- ☐ B.7 Attach a copy of the contract for services for the supervising architect. Refer to the CHFA Technical Supplement for specific Supervising Architect responsibilities.
- ☐ B.8 Attach a resume and license information for the proposed General Contractor.

ATTACHMENT B.3

Attach to this form, five banking and business references and a brief description of your relationship with them. (Especially useful is a lawyer or accountant who has significant knowledge about your financial business, or legal affairs.) Please inform your references that a credit investigation service commissioned by the California Housing Finance Agency will be contacting them.

Please respond to the six questions below and if your answer to any of the questions is "yes", please explain the circumstances in writing on a separate page attached to this form and sign and date this form below.

- (1) In the past five years, have you, or any affiliate of yours, acted as a principal in connection with any real estate project, which has experienced either of the following:
- (a) A default in the payment of the mortgage YES ☐ NO ☐
- (b) Foreclosure or delivery of a deed in lieu of foreclosure YES ☐ NO ☐
- (2) Have you, or any affiliate of yours, filed for bankruptcy? YES ☐ NO ☐
- (3) Are you, or any affiliate of yours, a defendant in any material pending civil or criminal legal action? YES ☐ NO ☐
- (4) Are you or any affiliate of yours, subject to any unsatisfied judgements or liens. YES ☐ NO ☐
- (5) Have you ever been charged with or convicted of a felony, fraud, or a securities violation? YES ☐ NO ☐
- (6) Have you ever been convicted of a misdemeanor (other than a traffic violation)? YES ☐ NO ☐

I hereby authorize CHFA to obtain a Credit Report and to perform any other credit investigation it deems necessary in regards to a loan application for the development of a multifamily rental project.

BY: _____
(type or print name) Social Security Number / TIN

SIGNATURE: _____ **DATED:** _____

ATTACHMENT B.4

DEVELOPER INFORMATION

1. Total number of years of experience developing/rehabilitating multifamily rental housing?
_____ years.
2. Total number of years experience with California multifamily rental housing: _____ years
3. Attach a list of names and locations, city and county, of the California projects.
4. Number of projects developed with tax-exempt private activity bonds in the past 5 years?

Provide a list of the projects below::

<u>Location</u> <u>Of Development</u>	<u>Number</u> <u>of Units</u>	<u>Current</u> <u>Occupancy</u>	<u>Indicate Whether</u> <u>Sold / Owned / Managed</u>
--	----------------------------------	------------------------------------	--

5. Provide the following information relating to developer experience in the past 5 years:

Total number of units developed:	_____
What percent of total units are currently occupied?	_____
Total number of projects and units developed in California?	_____
What percent of California units are currently occupied?	_____
Total number of units currently under ownership and management:	_____

List or attach names of property management company(ies) if applicable:

ATTACHMENT C

SOURCES OF FUNDS

Attachment No.

- ☐ **C.1 CONSTRUCTION PERIOD:** Attach evidence of all construction period commitments. If available, attach a copy of the construction lender's approved development budget and draft (or final) loan documents.

- ☐ **C.2 LOCAL GOVERNMENT:** For any local government loan commitments, please attach a copy of any loan agreements, development agreements, or owner participation agreements and all attachments. NOTE: All locality loans and occupancy restrictions must be subordinate to the CHFA Deed of Trust and Regulatory Agreement. Locality loans with required debt service must be included in the maximum CHFA loan-to-value ratio of 80%; the term of the loan must be equal to, or greater than that of CHFA's loan. CHFA must be allowed the right to cure the loan.

- ☐ **C.3 PERMANENT LOANS:** Attach evidence of all permanent loan commitments and language relative to regulatory provisions that will be recorded against title. Provide the loan terms and term of the regulatory agreement(s).

- ☐ **C.4 INVESTOR EQUITY:** Provide evidence of the tax credit purchase offer, letter of Interest or Commitment (if applicable). Include all attachments or exhibits to the documents.

- ☐ **C.5 CASH EQUITY:** Sources of Equity: in cases other than a non-profit mortgagor, the minimum cash investment must normally be no less than 10% of the CHFA approved development budget. This requirement can be partially offset should a local government or other third party provide a contribution or a subordinate loan to the project. However, regardless of the size of the third party contribution, the developer is still required to make a minimum 5% cash equity contribution. You must provide evidence of all sources of cash equity.

ATTACHMENT D

DEVELOPMENT BUDGET

Attachment No.

- ☐ D.1 Provide more detail for the following line items in your development budget: **NOTE:** the line items should include sufficient back-up documentation to allow CHFA to analyze the various cost components.
- (a) Off-Site Improvements/costs - indicate who will be paying for these costs
 - (b) Site Work
 - (c) Structures (complete bid if available)
 - (d) Construction Loan Interest - (show the number of months and assumptions used in determining this line item.)
 - (e) Bridge Loan Interest - (show the number of months and assumptions used in determining this line item.)
 - (f) Other Surveys (environmental or miscellaneous)
 - (g) Local Permit Fees
 - (h) Marketing Expenses
 - (i) Relocation Expenses (if applicable)
- ☐ D.2 If applicable, attach an itemized commercial space development budget.
- ☐ D.3 If applicable, attach a letter from your investor itemizing the costs of syndication in the TCAC required format and cash flow analysis attached hereto as ATTACHMENT D.3. Attach a copy of the investor's preliminary economic projections (rents, budgets & cash flows). If an investor has not yet been selected, then provide a summary of the anticipated expenses of syndication.

NOTE: The Agency will require the funding of the following accounts and reserves prior to the funding of the CHFA loan. Ensure that you have accounted for them in your development budget.

Marketing Account: This account shall be funded in an amount established by CHFA and maintained until all expenses for which the account was designated have been paid for. At permanent closing CHFA may approve a reduction in the amount of the account to reflect the fact that certain expense items have already been paid.

Rent-Up Account: This account shall be in an amount equal to the greater of 15% of the projected annual gross rental income of the development, or an amount fixed by the Agency.

Operating Expense Reserve: This account shall be funded and maintained from sources other than development income in an amount equal to the greater of ten percent of the projected initial annual gross rental income, or an amount fixed by the Agency. These funds may be released after two full consecutive fiscal years have passed in which the annual audited financial statements show surplus cash. Cash or LOC acceptable.

Replacement Reserve - for Acquisition/Rehabilitation projects, an initial replacement reserve must be funded at permanent loan closing based on a physical needs assessment conducted by CHFA.

A **Construction Defects Security** Agreement must be executed and be supported by a Letter of Credit or cash deposit equivalent to 2-1/2% of the final cost of construction (including change orders) prior to permanent loan closing (typically released fifteen months from the date of project completion).

Insurance Requirements - The first year's premiums for hazard, general liability and earthquake insurance must be paid prior to the CHFA loan closing. (Flood insurance also required for projects in a 100-yr. zone)

ATTACHMENT D.3

(On Investor Letterhead)

(Name of Investor) is interested in purchasing a xx% interest in the captioned project. It is estimated that the \$_____ in federal credits and the \$_____ in state credits requested for this project would generate gross proceeds in the amount of: \$_____.

Estimated net syndication proceeds may be calculated by subtracting typical syndication costs from the estimated gross proceeds as follows:

Gross Proceeds: \$ _____

Investor Expenses

Investor Fees (acquisition, advisory, etc.)	\$ _____
Organizational and Offering expenses	\$ _____
Acquisition expenses	\$ _____
Reserves or working capital	\$ _____
Other (explain)	\$ _____
TOTAL:	\$ _____

Partnership Expenses

Legal Expenses	\$ _____
Accounting Expenses	\$ _____
Other (explain)	\$ _____
TOTAL:	\$ _____

Less Total Investor/Partnership Expenses: \$ _____

Anticipated Net Proceeds: = \$ _____

Total Expenses/Gross Proceeds = _____%

The estimated net proceeds are equivalent to \$.xx for each \$1 of total credit reserved to the project. None of the above fees earned by the investor will be included in the project's eligible basis.

If there are any questions regarding these estimates, please contact the undersigned.

Authorized Signatory

ATTACHMENT E

PROPOSED RENTS AND UTILITY ALLOWANCES

Attachment No.

- ☐ E.1 Attach a copy of any rental subsidy contracts or commitment letters.
- ☐ E.2 Attach evidence of the Local Housing Authority current Utility Allowances by unit size - circle the utility assumptions that you've used in determining your net rents.
- ☐ E.3 Attach a thirty (30)-year project cash flow with justification for all of your income, expense, and inflation assumptions.
- ☐ E.4 Justify the laundry and additional incomes shown in your Loan Funding Application.
- ☐ E.5 For Acquisition / Rehab projects - provide a recent rent roll.

ATTACHMENT F

ANNUAL OPERATING BUDGET

Attachment No

- ☐ F.1 Provide support documentation/justification for all line items in your annual residential operating budget.
- ☐ F.2 Provide a separate commercial operating budget.
- ☐ F.3 Replacement Reserve Analysis - for Acquisition/Rehabilitation Projects estimate annual reserve requirements; A final required annual reserve deposit will be based on the findings of CHFA performed Physical Needs Assessment.

NOTE: For New Construction projects - assume .6% of the anticipated hard costs of construction as your annual required replacement reserve deposit.

- ☐ F.4 Provide a copy of the recent tax bill for the subject property.
- ☐ F.5 For Acquisition/Rehab projects - provide a copy of the projects past two years financials.

NOTE: INSURANCE REQUIREMENTS:

Hazard, liability and Earthquake insurance are all required. The Agency can provide the earthquake coverage through their master insurance policy. The first year's coverage must be prepaid prior to the CHFA loan closing.

ATTACHMENT G

ENVIRONMENTAL INFORMATION

Attachment No. Attach copies of the following reports (if available):

- ☐ G.1 **Soils/Geotechnical Report(s)** - to include the following:
 - i) a site plan showing test boring locations;
 - ii) a description and classification of materials encountered;
 - iii) nature, distribution, and strength of existing soils and proposed imported soils; liquefaction, consolidation, amplification, and any other characteristics or potential
 - v) Recommendation for treatment of all soils conditions/problems including provisions to minimize the effects of expansive soils and the effects of adjacent lands;
 - vi) Recommendation for slab thickness and re-enforcement, foundation type and design criteria, including bearing capacities;
 - vii) Recommendations for driveway section and base (include pavement design specifications
 - viii) Expected total and differential settlement;
 - ix) 100 year flood plain commentary;
 - x) Identify site geology, rock geometry and characteristics and potential geologic problems;
 - xi) Identify potentially hazardous faults along with history of recorded seismic activity;
 - xii) Locate site and nearest faults along with history of recorded seismic activity;
 - xii) Recommend treatment of all identified geologic problems;
 - xiv) Professional opinion(s) and recommendations as to adequacy of the site for the proposed development.
- ☐ G.2 **ALTA Site Survey:** The ALTA Site survey ("Survey") must be current, certified and dated by a registered surveyor or engineer. The Survey must be submitted during the schematic design phase, using the same scale as the architectural site plan, (Scale 1" = 20'-0" or 1/16" = 1'-0") unless approved otherwise by CHFA. The Survey should include:
 - i) Existing utilities and sizes, including storm drains, and all easements, rights-of-way, setback lines, and other restrictions;
 - ii) Existing structures, trees and description;
 - iii) Existing surrounding structures within 50', (walls, fences, and heights);
 - iv) Existing off-site improvements such as sidewalks, curbs, gutters, street lights, fire hydrants, etc.;
 - v) Land area in acreage and total square feet;
 - vi) All proposed easements and encroachments
- ☐ G.3 **Site Topographic Map:** Provide site topographic map ("Topo") during schematic design phase. Topo may be combined with the Survey and it must be in the same scale as the site plan and survey. The Topo must include:
 - i) Existing contours at 2'-0" intervals (show contours not just spot elevations);
 - ii) On site and adjacent, natural and man-made, drainage swales with flow direction arrows;
 - iii) Topo map to extend 10' beyond property line.
- ☐ G.4 **Phase I or II Report**
- ☐ G.5 **Acoustical Analysis**
- ☐ G.6 **Asbestos & Lead-based Paint Analysis**
- ☐ G.7 **Roof, plumbing and electrical reports/inspections;**
- ☐ G.8 **Termite Inspection**
- ☐ G.9 **Local Government Environmental Impact Statement & Study.**
- ☐ G.10 Any other analysis or inspection report including flood zone mitigation
- ☐ G.11 Describe your proposed/required mitigation and any concern related to water quality, noise mitigation, air quality, geological concerns or underground storage tanks.

ATTACHMENT H

MARKET ANALYSIS / APPRAISAL / & NEED

Attachment No.

- ☐ H.1 Provide adequate evidence of need for the project.
- ☐ H.2 Attach copies of any available appraisals for the subject land/project. **NOTE:** After a concept meeting an appraisal will be commissioned by CHFA at the developer's expense.
- ☐ H.3 Attach a copy of any market study relative to the subject development - including the investor's market analysis (if available/applicable).
- ☐ H.4 Provide Comparable Rental Data for three to five **MARKET RATE / CONVENTIONAL** comparable rental developments within the market area which support the proposed rents. (Copy and use ATTACHMENT H.4) **Do not include comps from affordable projects.**
- ☐ H.5 Provide a letter from the city or county with building permit jurisdiction indicating, in accordance with State law, that it will be considering opportunities to contribute to the economic feasibility of the units. Use the prescribed format shown as Attachment H.5. Also attach the local Government's Housing Plan, Housing Element, and CHAS if available.
- ☐ H.6 Provide evidence of Article XXXIV compliance - or inapplicability. (A legal opinion from your counsel will be required prior to any CHFA loan closing.)

ATTACHMENT H.4

COMPARABLE MARKET RATE RENTAL DATA

DATE OF SURVEY: _____ DATE OPENED: _____

PROJECT NAME: _____ (ATTACH PHOTO)

PROJECT ADDRESS: _____

PERSON TO CONTACT: _____ PHONE: _____

BUILDING SPECIFICATIONS: ☐ 1-story ☐ 2-Story ☐ Mix ☐ _____

Total No. Parking Spaces: _____ Enclosed Spaces: _____ Covered _____ Uncovered: _____

Guest or Street Parking Available: _____ Estimated No. of Vehicles per Apt.: _____

Distance from the Proposed Project: _____ miles

No. of Bedrooms					
No. of Baths					
Square Footage					
Rental Ranges					
Furnished Rents					
Townhome/flat/split-level					
Value Ratio: Rent/Sq.Ft.					
No. of Units					
Percent of Total Mix:					

TENANT PROFILES: ☐ Family ☐ Elderly ☐ Pets \$ _____ Deposit

UTILITIES PAID BY TENANT: ☐ Gas ☐ Electric ☐ Water ☐ None

TYPES OF RENTAL SUBSIDIES: _____

MOVE IN COSTS: (Fees/Deposits/1st.& last months rent?) _____

RENT PREMIUMS: ☐ None \$ _____ for _____ months \$ _____ for _____ months

SECURITY DEVICES UTILIZED: ☐ Full-time Guards ☐ Part-time Guards
☐ Dead bolts ☐ _____

CURRENT VACANCY RATE: _____ TURN-OVER RATE: _____

RECREATION FACILITIES & PROJECT AMENITIES:

ATTACHMENT H.5

LOCALITY CONTRIBUTION LETTER

Prepare On City or County Letterhead

G. Richard Schermerhorn
Director of Programs
California Housing Finance Agency
1121 "L" Street, Ste. 207
Sacramento, CA 95814

Dear Mr. Schermerhorn:

The City/County of _____ is responsible for issuing permits for the development of the multifamily rental housing development known as _____ to be located at _____.

In accordance with Section 51335(a 2) of the California Health and Safety Code, the City/County of _____ has considered the following opportunities to contribute to the economic feasibility of the units and to the provision of units for very low income households through concessions and inducements:

- Reductions in construction and design requirements.
- Reductions in setback and square footage requirements and the ratio of vehicular parking spaces that would otherwise be required.
- Granting density bonuses.
- Providing expedited processing of permits.
- Modifying zoning code requirements to allow mixed use zoning.
- Reducing or eliminating fees and charges for filing and processing applications, petitions, permits, planning services, water and sewer connections, and other fees and charges.
- Reducing or eliminating requirements relating to monetary exactions, dedications, reservations of land, or construction of public facilities.
- Other financial incentives or concessions for the multifamily rental housing development which result in identifiable cost reductions.

After considering these opportunities the City/County of _____ has agreed to make the following contributions to the economic feasibility of the units and to the provision of units for very low income households: (itemize the contributions)

OR

After considering these opportunities the City/County of _____ has decided not to contribute to the economic feasibility of the units nor to the provision of units for very low income households for the following reasons: (itemize the reasons)

Sincerely,

cc: Developer

ATTACHMENT I

ADDITIONAL INFORMATION

Attachment No

- ☐ I.1 Provide one copy of the TCAC Application (excluding the attachments) and any TCAC reservation, carry-forward or allocation letters. NOTE: It is not necessary to provide this if the TCAC ap you are using is identical to the the CHFA loan ap.)

- ☐ I.2 Attach any project specific information that you believe to be relative to the analysis of your loan request.